Image# 1296122305 PAGE 1/1

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

ADDRESS (number and street) PO Box 2571 CITY, STATE, and ZIP CODE NC 27894 2. NAME OF CAMIDIATE G.K. BUTRETRIED 1. OFFICE SOUGHT (State and District) HOUSE NC 01 CO0401190 5. ISTHIS AN AMENDMENT? NO. THIS IS A NEW FLING YES, IT AMENDS THE NOTICE FILED DN A. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer Name of Employer Date (month, day, year) D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. Date (month, day, year) D. Date (month, day, year) D. Date (month, day, year) D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. Date (month, day, year) D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. Date (month, day, year) D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. Date (month, day, year) D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. Date (month, day, year) D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. Date (month, day, year) D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. Date (month, day, year) D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. Date (month, day, year) D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. Date (month, day, year) D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALING ADDRESS AND ZIP CODE Name of E	NAME OF COMMITTEE IN FULL Butterfield for Congress]	
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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

